

# BEST AVAILABLE COPY

Lemont Hunter  
PCT International Division  
(703) 305-3386

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>101049740</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9				1			59		
10					1		60		
11					1		61		
12					1		62		
13					1		63		
14					1		64		
15					1		65		
16					1		66		
17					1		67		
18					1		68		
19					1		69		
20					1		70		
21					1		71		
22					1		72		
23					1		73		
24					1		74		
25					1		75		
26					1		76		
27					1		77		
28					1		78		
29					1		79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.			21				TOTAL DEP.		
TOTAL CLAIMS			22				TOTAL CLAIMS		